



Commonwealth  
Underwriters Ltd.

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**INLAND MARINE BROKERAGE DIVISION**  
**MTC APPLICATION – SCHEDULED VEHICLES**

Effective Date of Coverage: \_\_\_\_\_

Insured's Complete Name: \_\_\_\_\_

Garaging Address (City, State, Zip): \_\_\_\_\_

List ALL commodities. The term General Freight and General Merchandise are not exceptable if % of haul exceeds 5%.

Commodity	Average Load Value	Maximum Load Value	%

Radius	(0-200Miles) % Local	(201-499 miles) % Intermediate	(over 500 miles) % Long Haul
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**FILINGS:**

FHW Authority ☐ Yes ☐ No ICC MC# \_\_\_\_\_  
Requires State(s) ☐ Yes ☐ No \_\_\_\_\_(List All)

Does insured operate into or through any of the following :

☐ New York ☐ New Jersey ☐ Southern California ☐ Southern Florida ☐ Memphis ☐ Chicago

**Insurance History:**

Company Name \_\_\_\_\_ Policy Period \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Loss History:**

Date of Loss	Details	Amount Reserved/Paid

**Vehicle Information (Owned and Leased)**

Year	Make & Serial #	Type

**Coverage Information**

Cargo Limit Desired:\$\_\_\_\_\_ ☐ All Risk ☐ Named Perils Deductible \$\_\_\_\_\_  
Other: \_\_\_\_\_

Insured's Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Agents Signature: \_\_\_\_\_ Dated: \_\_\_\_\_